



## **Pre-Paid Inpatient Health Plan Survey for the Habilitation Supports Waiver**

**Expected Respondent:** The respondent should be in a leadership position with the Pre-Paid Inpatient Health Plan (PIHP). The respondent must have knowledge of the organization's administrative, programmatic, operational, financial, and contractual arrangements.

### **Check box that best describes your position within PIHP:**

- ☐ Executive Director of the PIHP
- ☐ Chief Operating Officer of the PIHP
- ☐ Deputy Director of the PIHP
- ☐ Other, please specify: [Click here to enter text.](#)

**Instructions:** Provide a response to each question taking into consideration all individuals who the PIHP and its affiliated Community Mental Health Services Providers (CMHSP) support. At the end of each section, indicate what "evidence" can be provided to support the response. **Do not submit the evidence with your completed survey;** simply give a written description of the additional information. Project staff may verify this response at a later date with an on-site visit.

**Note:** If you have general questions about completing the survey, please contact the Michigan Department of Community Health at [HCBSTransition@michigan.gov](mailto:HCBSTransition@michigan.gov). If your questions are specific to the Habilitation Supports HCBS Waiver, please contact the Habilitation Support Waiver Program at [QMP-Federal-Compliance@michigan.gov](mailto:QMP-Federal-Compliance@michigan.gov).

**Section 1: Pre-Paid Inpatient Health Plan:** This survey is being completed for which PIHP (check only one box)

- |  |   |
|--|---|
| <input type="checkbox"/> Region 1: Northcare Network   | <input type="checkbox"/> Region 7: Detroit Wayne Mental Health Authority            |
| <input type="checkbox"/> Region 2: Northern Michigan Regional Entity                         | <input type="checkbox"/> Region 8: Oakland County Community Mental Health Authority |
| <input type="checkbox"/> Region 3: Lakeshore Regional Entity                                 | <input type="checkbox"/> Region 9: Macomb County Community Mental Health Services   |
| <input type="checkbox"/> Region 4: Southwest Michigan Behavioral Health                      | <input type="checkbox"/> Region 10: Region 10 Pre-Paid Inpatient Health Plan        |
| <input type="checkbox"/> Region 5: Mid-State Health Network                                  |   |
| <input type="checkbox"/> Region 6: Community Mental Health Partnership of Southeast Michigan |   |

**Respondent contact information for further questions:**

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Contact Phone Number: [Click here to enter text.](#)

Contact Email Address: [Click here to enter text.](#)

**Section 2: Pre-Paid Inpatient Health Plan Contracts**

1. Does the PIHP own living arrangements licensed by the Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL)?

☐ Yes

☐ No

2. If yes to question 1 in Section 2, how many of each type of residential settings does the PIHP own?

Type of BCAL Residential Setting	Number of Residential Setting PIHP owns
Specialized residential home	
General residential home	
Private residence	

**Section 3: Individuals' Rights within Residential Setting**

1. Does each individual have a lease or residential agreement?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

2. Does the lease or residential agreement provide each individual who is receiving Medicaid funded HCBS services with information on the eviction process and a means to appeal an eviction?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

3. Have individuals been provided with information on how to request new housing?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

4. Is information about filing a complaint posted in obvious locations in an understandable format?
- ☐Yes
- ☐No: If marked, why? Click here to enter text.
5. Are individuals informed about how to discuss their concerns?
- ☐Yes
- ☐No: If marked, why? Click here to enter text.

**Evidence for responses in Section 3: Individuals' Rights within Residential Setting:** Click here to enter text.

#### **Section 4: Waiver Administration and Policy Enforcement**

1. Do staff receive new hire training and continuing education on individual rights and protections as outlined in the home and community based services rules?
- ☐Yes
- ☐No
2. Are policies outlining individual rights, protections, and expectation of services and supports provided to individuals in an understandable format?
- ☐Yes
- ☐No
3. Does the PIHP have policies or protocols on any of the following items:
- ☐Individual's controlled access to personal and/or private spaces (e.g. bedroom, bathroom)
- ☐Access and use to personal or shared communication devices (cell phone, landline phone) including technology (personal computer, tablet)
- ☐Use of cameras and visual/audio monitors
- ☐Honoring preferences to share or not share a living arrangement (unit) or personal space (bedroom)
- ☐Arrange and control one's personal scheduled of daily appointments/activities
- ☐Freedom of movement in one's living arrangement and/or community
- ☐Access to accessible, public or private transportation
- ☐Delivery of and Preparation for Integrative, Community-Based Employment
- ☐Ongoing monitoring and contract compliance of Home and Community Based Services Rule

**Evidence for responses in Section 4: Waiver Administration and Policy Enforcement:** Click here to enter text.

## Glossary

### Survey Acronyms and Definition of Survey Terms

**BCAL:** Bureau of Children and Adult Licensing

**CMHSP:** Community Mental Health Service Program

**HCBS:** Home and Community Based Services through Medicaid waiver program (e.g. Habilitation Supports Waiver)

**IPOS:** Individual Plan of Service

**PIHP:** Pre-paid Inpatient Health Plan

**Individual Plan of Service:** The services and supports that will assist the individual to work towards one's desired goals and outcomes as defined through the person centered planning process. The services and supports must be medically necessary and defined in terms of amount, scope, and duration.

**Person-Centered Planning:** A way for individuals to plan their lives with the support and input from those who care about them. The process is used for planning the life that the individual aspires to have—taking the individual's goals, hopes, strengths, and preferences and weaving them in plans for a life with meaning. The process is used anytime an individual's goals, desires, circumstances, preferences, or needs change.